



Aintree Motorcycle Club

Membership Application form.

APPLICATION FOR MEMBERSHIP YEAR _____

Name: _____

DOB _____ ACU Licence Number _____

Address: _____

_____ Postcode: _____

Preferred Race number: _____ 2ND Pref _____ 3RD Pref _____

Telephone No: _____ Email Compulsory: _____

: _____

Membership £15.00

Voluntary donation if you would like _____

Cheque

or

Bank Transfer

Please complete this application for membership

email form to aintreentryandmembership@hotmail.com and do a Bank Transfer to :-

Aintree Motorcycle Racing Club Sort Code 60 20 11 Account Number 88352145

Pay online <https://aintree.sumupstore.com/>

To post please send to Jamie O'Brien 101 Kipling Avenue, Huyton, Liverpool L36 0TY